EXHIBIT B

FORM B10 (Official Form) Doc 8700-2 Entered 07/24/11 14:08:59 Page 2 of 11

| United States Bankruptcy Court | United States Bankruptcy Court District of Nevada | | | | | |
|---|---|---|---|---|--|--|
| Name of Debtor USA CAPITOL MORTGAGE COMPAN | ame of Debtor USA CAPITOL MORTGAGE COMPANY Case Number 06-10725-LBR | | | | | |
| NOTH This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense ma | nt | | | | | |
| Name of Creditor (The person or other entity to whom the dubtor owes months or property). DONALD P CLARK FAMILY TRUST | eise you givi | has filed r claim A ng particu | you are aware that anyone a proof of claim relating to attach copy of statement ilars you have never received a | o l | | |
| Name and address where notices should be sent DONALD P CLARK, TRUSTEEE OF THE DONALD P CLARK FAMILY TRUST | noti case Che add | ces from ck box if ress on the | the address differs from the envelope sent to you by | nis | | |
| Telephone number Last four digits of account or other number by which creditor identifies debtor 3255 /or 2749 | Che | court. ck here is claim | replaces | filed claim dated | | |
| 1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes See Flubit A | | Re W. La | ettree benefits as defined ages salaries, and compast four digits of your SS apaid compensation for som | in II USC § III4(a) ensation (fill out below) # | | |
| 2. Date debt was incurred 12/1/03 | 3 | If cour | rt judgment, date obtai | ned | | |
| 4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 559,011.56 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$ | ir claim, or none or | Secur a right | check this box if your clast of setoff) Brief Description of Collage Real Estate Mo | ateral tor Vehicle Other unknown charges at time case filed included in | | |
| Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) of (a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debit business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a) | in 180 | or service § 507(a) Taxes or Other - Services | es for personal family on (7) penalties owed to govern specify applicable paragree subject to adjustment or | purchase, lease, or rental of property r household use - 11 U S C mmental units - 11 U S C § 507(a)(8) aph of 11 U S C § 507(a)() and every 3 years thereafter on or after the date of adjustment | | |
| 5 Total Amount of Claim at Time Case Filed | _ | 559,01 (unsecure | ed) (secured) | 559,011 56 (priority) (Total) | | |
| Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | | | | | |
| 6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other person authorized to | | | | | | |
| file this claim (attach copy of power of atto | USA CMC 1072502393 | | | | | |

| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | PROOF OF CLAIM | | | |
|--|--------------------------|---|---------------------------------------|---|
| Name of Debtor | Case Nu | Case Number | | |
| 1100 | | | | |
| UJA L'OMNERUAL MEGLO. | 06 | -1072(-LBR | | |
| NOTE See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exp | | Check box if you are | | |
| arising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503. | of an | aware that anyone else has filed a proof of claim relating to your claim Attach copy of | | |
| Name of Creditor and Address: | | statement giving particulars | | |
| WILLIAM DOWNER | | Check box if you have never received any notices | | |
| 3637 LARCH AVE SUME 3 | 3 | from the bankruptcy court or BMC Group in this case | | IS PROOF OF CLAIM FOR A MEST IN A BORROWER THAT IS NOT |
| SOUTH TAHER, CA 96150 | <u> </u> | Check box if this address | ONE OF THE DE | STORS. endy filed a proof of claim with the |
| | <i></i> | differs from the address on the envelope sent to you by the court. | Bankruptcy Court | or BMC you do not need to file again. |
| Creditor Telephone Number (%) (44 - 340) Last four digits of account or other number by which creditor identifies | debtor | | THIS SPAC | E IS FOR COURT USE ONLY |
| | | Check here | a préviousi | filled claim dated. 11/06 |
| 1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death | Retiree t | penefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| Services performed Taxes | | salaries, and compensation (I r digits of your SS # | fill out below) | Other claims against service (not for loan balances) |
| Money loaned Uniter (describe briefly) | | compensation for services per | rformed from | to |
| SCE SXHIBIT A | b ec | OURT JUDGMENT, DATE O | MTANAR. | (date) (dete) |
| 4 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes the | | | | he time case filed |
| See reverse side for important explanations UNSECURED NONPROPETY CLAIM \$4 FRUENT \$4 | | SECURED CLAIM | | |
| Check this box if a) there is no colleteral or lien securing your claim, or b) | | Check this box if you a right of setoff) | our claim is secu | red by colleteral (including |
| exceeds the value of the property securing it, or if c) none or only part of y entitled to priority | OUT CHAIRT IS | Bnef description of | collateral | |
| UNSECURED PROPRITY CLAIM Check this box if you have an unsecured claim all or part of which is | | Real Estate | Motor Vehicle | Other |
| entitled to priority | | Value of Collateral | | NowN |
| Amount entitled to priority \$ Specify the priority of the claim: | | Amount of arrearage as secured claim, if any | | at time case filed included in |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | С | Up to \$2,225" of deposits towe | | |
| Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filling of the bentruptcy petition or cessation of the debtor's | · _ | services for personal, family, of Taxes or penalties owed to go | | |
| business, whichever is serifer - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5). | בֿ | Other - Specify applicable pan | ngraph of 11 U S C | § 507(a) (). |
| Constitution of the state of th | | * Amounts are subject to adjust with respect to cases commen | | |
| AT TRUE CASE FILED | W4 | ., | | \$ WY BAUBIT A |
| (unescured) Check this box if claim includes interest or other charges in addition to the | • | secured) amount of the claim. Attach ite | (priority) mized statement o | (Total) of all interest or additional charges. |
| 6. CREDITS The amount of all payments on this claim has been cre | | | | |
| 7 SUPPORTING DOCUMENTS: Atlant copies of supporting documenting accounts, contracts, court judgments, mortgages, security | uments, su | uch as promissory notes, pure | chase orders, inv | roices, itemized statements of IT SEND ORIGINAL |
| DOCUMENTS If the documents are not available, explain If the | documents | are voluminous, altach a sur | mmery | |
| 8. DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | ne mang or y | /Our claim, enclose a stampo | a, sen-aduressec | envelope and copy or mis |
| D ₄ | m !! | SACM CLAIMS DO | ckenny | THIS SPACE FOR COURT USE ONLY |
| | E | L SEGUNDO, GA OR OVERHIGHT DELIVERY TO | 90245 | |
| BY MAIL TO- | BALL | COROUGHT DELIVERY TO | , FILE | D IAN 1 6 2007 |
| | 1330 | EAST FRANKUN | HVE" | D JAN 1 6 2007 |
| DATE SIGN and print the name and tile, if any, of the | he creditor o | r other person authorized to file | · · · · · · · · · · · · · · · · · · · | USA CMC |
| 1-10-07 this claim (attach copy of power of attor | mey if any) [,] | | | 1072502269 |

| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | PRO | dof of claim | B:59 Pag | e 4 of 11 | |
|---|-----------------------------|--|---------------------|---|--|
| Name of Debtor | Case Nu | mber | | | |
| USA Commercial Mortgage Company | 06-107 | 725-LBR | | | |
| Some Cial mortgage Company | 00-10720-EBIX | | | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp | | Check box if you are | RECEIVE | D AND FILED | |
| arising after the commencement of the case. A 'request' for payment administrative expense may be filed pursuant to 11 U.S.C. § 503 | of an | aware that anyone else has filed a proof of claim relating | IF YOU ARE ON | LY OWED MONEY BY A BORROWER | |
| Name of Creditor and Address | | to your claim Attach copy of statement giving particulars | DEBTORS YOU | BEING SERVICED BY THE DO NOT HAVE TO FILE A PROOF | |
| Town to Duberg | 1 | Check box if you have | | SINCLUDES MONEY FROM THAT | |
| John ti Duberg 4455 Vista Coronado Dr Chula Vista, CA 91910-32: | | never received any notices from the bankruptcy court or | DO NOT FILE TE | IN THE COLLEGION ACCOUNT IN THE COLLEGION FOR A | |
| Chila Vista CA 91910-32: | 34 | BMC Group in this case | | REST IN A BORROWER THAT IS NOT | |
| (A total vis) all of. | | Check box if this address differs from the address on the | | ready filed a proof of claim with the tor BMC you do not need to file again | |
| Creditor Telephone Number () | | envelope sent to you by the court | | E IS FOR COURT USE ONLY | |
| Last four digits of account or other number by which creditor identifies | debtor | Check here replace | ces | | |
| CHENT ID 6597 CHENTACCOUNT ID 6636 | | if this claim amen | a previously | y filed claım dated | |
| 1 BASIS FOR CLAIM | Retiree b | enefits as defined in 11 U S | C § 1114(a) | Unremitted principal | |
| Goocs sold Personal injury/wrongful death | Wages, | salaries, and compensation (| fill out below) | Unremitted principal Other claims against servicer | |
| Services performed Taxes | | digits of your SS# | | (not for loan balances) | |
| Money loaned Other (describe briefly) | Unpaid o | ompensation for services per | rformed from | to(date) | |
| 2 DATE DEBT WAS INCURRED | 3 IF C | OURT JUDGMENT, DATE O | BTAINED | | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that | t best descri | be your claim and state the amo | unt of the claim at | the time case filed | |
| See reverse side for important explanations UNSECURE D NONPRIORITY CLAIM \$ | | SECURED CLAIM | | | |
| Check this box if a) there is no collateral or lien securing your claim or b) | | | our claim is secu | red by collateral (including | |
| exceeds the value of the property securing it or if c) none or only part of your entitled to priority | our claim is | a right of setoff) Brief description of | collateral | | |
| UNSECURED PRIORITY CLAIM | | Real Estate | _ | e 🗍 Other | |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | | Value of Collateral | | nown now | |
| Amount entitled to priority \$ | | | | at time case filed included in | |
| Specify the priority of the claim | | secured claim, if any | | | |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | | Up to \$2 225* of deposits toward | | | |
| Wages salanes or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's | | services for personal family of Taxes or penalties owed to go | | * ''' | |
| business whichever is earlier - 11 U S C § 507(a)(4) | = | Other - Specify applicable para | | • (,,,, | |
| Contributions to an employee benefit plan - 11 U S C § 507(a)(5) | | * Amounts are subject to adjus | stment on 4/1/07 a | nd every 3 years thereafter | |
| 5 TOTAL AMOUNT OF CLAIM \$ 12,756,25 \$ | 75 4 | with respect to cases comment | ced on or after the | s 97 877 81 | |
| AT TIME CASE FILED (unsecured) | | ecured). 56 | (pnonty) | (Total) | |
| Check this box if claim includes interest or other charges in addition to the | ne brincibal | amount of the claim. Attach ite | ., ,, | ` ' | |
| 6 CREDITS The amount of all payments on this claim has been cred | | | aking this proof | of claim | |
| 7 SUPPORTING DOCUMENTS Attach copies of supporting docu | <i>ıments,</i> su | ch as promissory notes, pure | hase orders inv | roices itemized statements of | |
| running accounts contracts, court judgments, mortgages security a DOCUMENTS If the documents are not available, explain. If the documents are not available, explain. | | | | T SEND ORIGINAL | |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | e filing of y | our claim enclose a stamped | self-addressed | d envelope and copy of this | |
| The original of this completed proof of claim form must be sent | t by mail c | r hand delivered (FAXES N | ОТ | THIS SPACE FOR COURT | |
| ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or | i, prevailin corporation | g Pacıfic tıme, on Novembe ns, joint ventures, trusts an | er 13, 2006 Id | USE ONLY | |
| governmental units) BY MAIL TO | • | OR OVERNIGHT DELIVERY TO | | USA CMC | |
| BMC Group Attn USACM Claims Docketing Center BY HAND OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center 1072502201 | | | | | |
| P O Box 911 | 1330 East | Franklin Avenue | | | |
| El Segundo CA 90245-0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file | | | | | |
| 1-9-08 this claim (attach copy of power of attorney if any | | | | | |
| John H Duberg | <u> </u> | soln H Tel | Lung. | | |

FORM B10 (Official Form 10) (10/05)

| UNITED STATES BANKRUPTCY COURT | Dı | TRICT (|)F Nevada | | |
|---|---------------------------------------|---------------------------------------|---|---|--|
| Name of Dubtor USA Commercial Mortgage Company | | | | PROOF OF CLAIM | |
| NOTH This form should not be used to make a claim for an administrative expense make the case. A request" for payment of an administrative expense makes | | | | | |
| Name of Creditor (The person or other entity to whom the dubtor owes money of property). Donard C & Wanda Dunbar, trustees of the Dunbar RLT dated 11/21/1998 | else you | has filed r claim A ing particu | you are aware the a proof of claim Attach copy of stalars you have never r | relating to atement | |
| Name and address where notices should be sent Donald Dunbar 18124 Wedge Parkway #153 Reno, NV 89511 | not cas | ces from cck box if | the bankruptcy c the address differ e envelope sent to | court in this | |
| Telephone number 775-851-8278 | the | court. | | | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor | 1 | ck here us claim | replaces amends a pr | reviously fil | ed claim dated |
| Goods sold Services performed Money loaned Personal injury/wrongful death Taxes See Exhibit A | | U W | ages salaries ar | nd compens your SS # tion for ser | IIUSC § 1114(a) sation (fill out below) vices performed to(date) |
| 2 Detection of the second | 3. | if cour | rt judgment, da | | · · · · · · · · · · · · · · · · · · · |
| 4 Classification of Claim. Check the appropriate box or boxes th | | | | | |
| See reverse side for important explanations Unsecured Nonpriority Claim \$_729,865_62 Check this box if a) there is no collateral or hen securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim | none of | a right | ed Claim Check this box if of setoff) Brief Description Real Estate Value of Collater | of Collater Motor | ral Vehicle Other |
| Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ | vhich is | Amou | | nd other cha | rges at time case filed included in |
| Specify the priority of the claim Domestic support obligations under 11 USC § 507(a)(1)(A) o (a)(1)(B) | · | or servic § 507(a) | es for personal ((7) | family or he | orchase, lease, or rental of property busehold use - 11 U S C ental units - 11 U S C § 507(a)(8) |
| Wages, salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U S C § 507(a)(4) | ors ∐ * <i>Aı</i> | nounts ar | e subject to adjus | stment on 4/ | of 11 USC § 507(a)() 1/1/07 and every 3 years thereafter or after the date of adjustment |
| Contributions to an employee benefit plan - 11 U S C § 507(a) Total Amount of Claim at Time Case Filed |)(5) | 729,86 | | | 729,865 62 |
| Check this box if claim includes interest or other charges in add interest or additional charges. | lition to th | (tunsecure | d) (secu | red) (| (nmonty) (Total) |
| Credits. The amount of all payments on this claim has been making this proof of claim | credited a | nd deduc | ted for the purpo | ose of | THIS SPACE IS FOR COURT USE ONLY |
| Supporting Documents. Attach copies of supporting documents orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are volur. Date-Stamped Copy. To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. | icts, court D ORIGII minous, at | judgment VAL DOG ach a sun | s, mortgages, sec CUMENTS If the nmary | curity he | ED JAN 17 2007 |
| Date Sign and point the name and title of any, of the file this claim (attach copy of power of attorn 1/8/07 DONALD C. DUNGAR | ney, if any | or other | | ed to | USA CMC |

| LIMITED STATES DANKSHOTOV COUNT | | | | |
|--|---------------------------------------|--|----------------------------------|---|
| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | PRO | PROOF OF CLAIM | | |
| Name of Debtor | Case Nu | Case Number | | |
| USA COMMERCIAL MORTGAGE COMP | 1 | 10725-LBR | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrat arising after the commencement of the case A request" for pa administrative expense may be filed pursuant to 11 U S C § 50 | yment of an | Check box if you are aware that anyone else has filed a proof of clarm relating to | | |
| Name of Creditor and Address | Was Trust | your claim Attach copy of statement giving particulars | | |
| Eleanor L. Rogers 1991 Kevecu | 73.91 | Check box if you have | | |
| Name of Creditor and Address Eleanor L. Rogers 1991 Revoca dated Clo Eleanor L. Rogers, TIEE 78 Seal Rock Drive San Francisco, CA 94121 | • | never received any notices from the bankruptcy court or BMC Group in this case | SECURED INTER | IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT |
| 78 Sear Road State (0.04/2/ | | Check box if this address | ONE OF THE DE | STORS eady filed a proof of claim with the |
| Jan Prancisco, con | | differs from the address on the envelope sent to you by the | Bankruptcy Court | or BMC you do not need to file again |
| Creditor Telephone Number (4/5 564. 1932 | -4.6 J1.4 | court | THIS SPAC | E IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor ide | nunes deptor | Check here replace or if this claim amend | a previously | filed claim dated |
| 1 BASIS FOR CLAIM | | enefits as defined in 11 U S (| C § 1114(a) | Unremitted principal |
| Goods sold Personal injury/wrongful deat Services performed Taxes | h 🔲 Wages s | salaries and compensation (f | ill out below) | Other claims against servicer (not for loan balances) |
| Services performed Taxes Money loaned Other (describe briefly) | | digits of your SS # | £ | (not for loan balances) |
| SEE EXHIBIT A | Unpaid o | compensation for services per | tormea trom | to (date) (date) |
| 2 DATE DEBT WAS INCURRED | 3 IF C | OURT JUDGMENT DATE O | BTAINED | (detto) |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or bo | exes that best descri | be your claim and state the amou | int of the claim at t | he time case filed |
| See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ | | SECURED CLAIM | | |
| Check this box if a) there is no collateral or lien securing your clair exceeds the value of the property securing it or if c) none or only p | | a right of setoff) | | red by collateral (including |
| entitled to priority UNSECURED PRIORITY CLAIM | | Brief description of | | — . |
| Check this box if you have an unsecured claim all or part of which | IS | Real Estate | | _ |
| entitled to priority Amount entitled to priority \$ | | Value of Collateral | \$ Unk | |
| Specify the priority of the claim | | secured claim if any | # 359 | at time case filed included in |
| Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a) | | Up to \$2 225* of deposits towa services for personal family or | | |
| Wages salaries or commissions (up to \$10 000)* earned within 1 before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C \$507(a)(4) | ou days | Taxes or penalties owed to gov | | , |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | | Other Specify applicable para | ÷ . | |
| Solital solitation to all simple years and in plant 11 0 0 0 3 001 (a)(a) | | * Amounts are subject to adjust with respect to cases comment | | |
| 5 TOTAL AMOUNT OF CLAIM \$ 304, 359, 78 AT TIME CASE FILED (unsecured) | \$ 304,3 | 3 <i>59.18</i> \$ | (priority) | \$ 304,359.78 |
| Check this box if claim includes interest or other charges in addit | ion to the principal | amount of the claim Attach iter | | ` ' |
| 6 CREDITS The amount of all payments on this claim has be 7 SUPPORTING DOCUMENTS Attach copies of supporting running accounts contracts court judgments mortgages see DOCUMENTS. If the documents are not available explain. | ng documents, su ecunity agreement | ich as promissory notes purc s and evidence of perfection | hase orders inv of lien DO NO | oices itemized statements of |
| 8 DATE-STAMPED COPY To receive an acknowledgme proof of claim | | | • | envelope and copy of this |
| The original of this completed proof of claim form must ACCEPTED) so that it is actually received on or before 5 for each person or entity (including individuals partners governmental units) | 00 pm prevailing | g Pacific time on Novembe | r 13, 2006 | THIS SPACE FOR COURT USE ONLY |
| BY MAIL TO BMC G oup | BY HAND BMC Gro | OR OVERNIGHT DELIVERY TO | | |
| Attn USACM Claims Docketing Center P O Box 911 | Attn USA | CM Claims Docketing Center t Franklin Avenue | FILE | JAN 1 2 2007 |
| El Segundo CA 90245 0911 | | do CA 90245 | յ կեստես | the X W V |
| DATE SIGN and print the name and title if a this claim (attach copy of power | ny of the ereditor of | other person authorized to file | | |
| January 11,2007 & Constant | A SA | NITTEE | | USA CMC |

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment or up to 5 years or both 18 U.S.C. §§ 152 AND 3571

USA CMC 1072502223

| Case 06-10/25-gwz Doc 8/00-2 | Entered 07/24/11 14:08:59 Page 7 of 11 |
|--|---|
| P | ROOF OF CLAIM |
| Name of Debtor Case | e Number |
| | 06-10725-1BR |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense | ☐ Check box if you are |
| arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503 | aware that anyone else has filed a proof of claim relating |
| Name of Creditor and Address | to your claim Attach copy of statement giving particulars |
| 11321241000474 | Check box if you have |
| ELIAS FAMILY TRUST DATED 5/19/04 C/O DONNA M ELIAS SUCCESSOR TRUSTEE | never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A |
| 9900 WILBUR MAY PKWY APT (1995) RENO NV 89521-4014 | BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS |
| | differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again |
| Creditor Telephone Number (7%) 2/5-9302 | court THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debto | Check here replaces or a previously filed claim dated fithis claim replaces |
| | ree benefits as defined in 11 U S C § 1114(a) Unremitted principal |
| Goods sold Personal injury/wrongful death Wat | ges salaries and compensation (fill out below) Other claims against servicer |
| | t four digits of your SS # (not for loan balances) |
| Unp | paid compensation for services performed fromto(date) (date) |
| | IF COURT JUDGMENT, DATE OBTAINED |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best See reverse side for important explanations | · |
| UNSECURED NONPRIORITY CLAIM \$ /00, 000 | SECURED CLAIM |
| Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim. | |
| entitled to priority | Brief description of collateral |
| UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is | Real Estate Motor Vehicle Other |
| entitled to priority | Value of Collateral \$ |
| Amount entitled to priority \$ 100,000 | Amount of arrearage and other charges at time case filed included in secured claim, if any \$ |
| Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | |
| Wages salaries or commissions (up to \$10 000)* earned within 180 days | Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7) |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) | Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | Uther - Specify applicable paragraph of 11 U S C § 507(a) () * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter |
| 5 TOTAL AMOUNT OF CLAIM \$ /2.5 000 \$ | with respect to cases commenced on or after the date of adjustment |
| AT TIME CASE FILED (unsecured) | (secured) (priority) (Total) |
| i. Z | cipal amount of the claim Attach itemized statement of all interest or additional charges |
| 6 CREDITS The amount of all payments on this claim has been credited a | and deducted for the purpose of making this proof of claim |
| running accounts contracts court judgments, mortgages, security agree DOCUMENTS If the documents are not available explain. If the documents are not available. | ts, such as promissory notes purchase orders invoices, itemized statements of ments, and evidence of perfection of lien DO NOT SEND ORIGINAL nents are voluminous, attach a summary |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the filing proof of claim | g of your claim enclose a stamped self-addressed envelope and copy of this |
| The original of this completed proof of claim form must be sent by n ACCEPTED) so that it is actually received on or before 5 00 pm, prefor each person or entity (including individuals, partnerships, corpogovernmental units) | vailing Pacific time, on November 13, 2006 rations, joint ventures, trusts and |
| Attn USACM Claims Docketing Center Attn | AND OR OVERNIGHT DELIVERY TO Group USACM Claims Docketing Center Deast Franklin Avenue FILED OCT 10 |
| El Segundo CA 90245-0911 El Se | egundo, CA 90245 |
| DATE SIGN and print the name and title if any of the cred the claim (attach copy of power of attorney if | litor or other person authorized to file USA CMC |
| 10/5/2006 Woodrow /1 | 1. Elias 111111111111111111111111111111111111 |
| Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for | up to 5 years or both 18 U S C §§ 152 AND 357, |

Case 06-10725-gwz Doc 8700-2 Entered 07/24/11 14:08:59 Page 8 of 11 FORM B10 (Official Form 10) (10/05)

| UNITED STAILS | BANKRUPTCY COURT | Dis | TRICT | OF_ | Nevada | PROOF OF CLAIM | |
|---|--|---|--|---|--|--|--|
| Name of Dubtor U | | | | | | | |
| NOTE This form sl of the case A requ | | | | | | | |
| debtor owes money | The person or other entity to whom the or property) / Dustman & Oliver Henry | else you | ck box has file claim ng parti ck box | d a p Atta cular | , | | |
| Name and address of Ellen Dustman 3159 6th St Boulder, CO 80 Telephone number | | notic case Che addi | ces from | n the if the the e | THIS SPACE IS FOR COURT USE ONLY | | |
| Last four digits of a identifies debtor | ecount or other number by which creditor | 1 | ck here is claim | _ | replaces amends a previously fi | led claim dated 11/06 | |
| ✓ Money Persona | sold s performed | | | Wag Last Unpa | ree benefits as defined in es salaries and compen four digits of your SS # and compensation for se (date) | sation (fill out below) | |
| 2 Date debt w | | 3. | If co | urt | judgment, date obtaine | d | |
| See reverse side Unsecured Nonp Check this be be your claim excessionly part of your claim excessionly part of your confidence only part of your confidence only part of your confidence only part of the check this be entitled to priority. Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages salaries days before filing of business whichever Contributions. | ox if you have an unsecured claim all or part of v | or claim, or none or which is or tor's and 180 tor's *An | Amo secu Up to or serv \$ 5076 Taxes Other mounts with re | Chephi o Bri Va Va Success (a)(7) or po are s sespect | ck this box if your claims f setoff) ref Description of Collate Real Estate Moto lue of Collateral \$ \(\text{U} \) Moto farrearage and other chelaim, if any \$ \(\text{1,584} \) 25* of deposits toward p for personal, family or because of the collateral paragraphs abject to adjustment on a cit to cases commenced or \(\text{151,584 63} \) | ral r Vehicle Other——— hknown arges at time case filed included in 63 urchase lease or rental of property iousehold use - 11 U S C sental units - 11 U S C § 507(a)(8) th of 11 U S C § 507(a)() 1/1/07 and every 3 years thereafter or after the date of adjustment 151,584 63 | |
| Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | | | | | | |
| 7 Supporting D orders invoices agreements, and documents are r 8 Date-Stamped | ntemized statements of running accounts contributed evidence of perfection of lien. DO NOT SEN not available explain. If the documents are voluted to the copy. To receive an acknowledgment of the frope and copy of this proof of claim. Sign and print the name and title if any, of file this claim (attach copy of power of atto.) | nents, such acts court VD ORIGII minous, at iling of you the credito mey, if an | as pron Judgme NAL D tach a s ir claim r or oth | nisso ents, OCU sumn n, end | ory notes purchase mortgages security JMENTS If the nary close a stamped, self-erson authorized to | THIS SPACE IS FOR COURT USE ONLY FILED JAN 18 200 | |
| | Ellen V Dustman | 4 | Oliver Oliver | Hei | Henry | 1072502154 | |

| Case 06-10725-gwz Doc 8700 | | ntered 07/24/11 | | 08:59 Page 9 of 11 |
|---|--|--|-----------------------------|--|
| | PROOF OF CLAIM | | | YOUR CLAIM IS SCHEDULED AS |
| Name of Debtor | Case Nu | mber | | Schedule/Claim ID s31319 |
| 1141110 01 20210. | ×1 | | ~ | Amount/Classification |
| USA Commercial Mortgage Company | 06-10725-LBR | | | \$2 329 94 Unsecured |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request for payment administrative expense may be filed pursuant to 11 U S C § 503 | | Check box if you are aware that anyone else hilled a proof of claim relati | as ing | The amounts reflected above constitute your claim as |
| Name of Creditor and Address | to your claim. Attach copy or statement giving particulars \$\frac{1}{2} \text{ for the copy of statement giving particulars} \text{ statement giving particulars} \text{ \$\frac{1}{2} \text{ FRANKIE J NELSON TRUST} \text{ \$\frac{1}{2} \text{ Check box if you have rever received any notices}} \text{ \$\frac{1}{2} \text{ The copy of statement giving particulars} \text{ \$\frac{1}{2} \text | | | scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unilquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. |
| Creditor Telephone Number () | | court | | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies of 3 95 / | debtor | Check here Inf this claim | replac or amen | a previously filed claim dated |
| 1 BASIS FOR CLAIM | Retiree b | enefits as defined in 1 | 1 U S | C § 1114(a) Unremitted principal |
| Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly) | Last four | salaries and compensa digits of your SS # compensation for service | | (not for loan balances) |
| | -T- | | | (date) (date) |
| 2 DATE DEST WAS INCURRED | | OURT JUDGMENT, DA | | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that I See reverse side for important explanations | best describ | e your claim and state the | amou | nt of the claim at the time case filed |
| UNSECURED NONPRIORITY CLAIM \$ 450,000.00 Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your entitled to priority | our claim r claim is | a right of seto | ox if yo | our claim is secured by collateral (including |
| UNSECURED PRIORITY CLAIM | | Brief descript | | |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | | Value of Coll | | Motor Vehicle Other |
| Amount entitled to priority \$ | | | | |
| Specify the priority of the claim | | secured claim, if | age ar any | nd other charges <u>at time case filed</u> included in |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days | | Up to \$2 225* of deposit | s towa | ard purchase lease or rental of property or or household use 11 U S C § 507(a)(7) |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) | | i | | vernmental units 11 U S C § 507(a)(8) |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | | * Amounts are subject to | adjus | agraph of 11 U S C § 507(a) () street on 4/1/07 and every 3 years thereafter |
| 5 TOTAL AMOUNT OF CLAIM \$ 400 000 \$ | de | | n i Wi i Oli li | ced on or after the date of adjustment |
| AT TIME CASE FILED ((unsecured) | | ecured) * | | (pnonty) (Total) |
| Check this box if claim includes interest or other charges in addition to the | | | | |
| 7 SUPPORTING DOCUMENTS Attach copies of supporting documents are not available explain. If the documents are not available explain. | <u>iments,</u> su agreement locuments | ch as promissory notes is and evidence of per are voluminous attacl | s puro fection h a su | chase orders invoices itemized statements of n of lien DO NOT SEND ORIGINAL immary |
| The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) | , prevailin | ng Pacific time, on No | vemb | per 13, 2006 USE ONLY |
| BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 | BMC Grou Attn USA 1330 East | CM Claims Docketing (Franklin Avenue | | IFILED LAN 1 3 2007 |
| DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorned to the thing claim). | creditor or o | other person authorized to | file | USA CMC |

| UNITED STATES BANKRUPTCY COURT TO BE A BENERUPTCY COURT TO BENERUPTCY COURT TO BE A BENERUPTCY COURT TO BE A BENERUPTCY COURT TO BENEFUR TO BENERUPTCY COURT TO BENERUPTCY COURT TO BENEFUR T | PROOF OF CLAIM | | | IL ero ilini riria kan irri |
|--|----------------|---|--|---|
| | | | YOUR CL | AIM IS SCHEDULED AS |
| Name of Debtor | Case Number | | Schedule/Claim II | |
| USA Commercial Mortgage Company | 06-10725-LBR | | Amount/Classifica | ation |
| oon commercial mortgage company | 00 .0. | | \$25 903 59 Unse | cured |
| NOTE See Reverse for List of Debtors and Case Numbers | | г | | |
| This form should not be used to make a claim for an administrative exp | oense | Check box if you are | | |
| arising after the commencement of the case A 'request for payment | of an | aware that anyone else has filed a proof of claim relating | ļ | |
| administrative expense may be filed pursuant to 11 U S C § 503 | | to your claim Attach copy of | | cted above constitute your claim as Debtor or pursuant to a filed claim If |
| Name of Creditor and Address 1132124000216 RICHARD Z EVANS | | statement giving particulars Check box if you have never received any notices | you agree with the amounts set forth herein and have other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below | |
| 10409 SUMMERSHADE LN RENO, NV 89521 5168 | | from the bankruptcy court or BMC Group in this case | | own above are listed as Contingent, hisputed, a proof of claim must be |
| | | Check box if this address differs from the address on the envelope sent to you by the | If you have alr | eady filed a proof of claim with the or BMC you do not need to file again |
| Creditor, Telephone Number (7) 852-3414 | | court | THIS SPAC | E IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies | debtor | Check here replace | ces . | |
| 6283 | | if this claim amer | | filed claim dated |
| 1 BASIS FOR CLAIM | Retiree b | penefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| Goods sold Personal injury/wrongful death | Wages, | salaries, and compensation | (fill out below) | Other claims against servicei |
| Services performed Taxes | | r digits of your SS # | | (not for loan balances) |
| Money loaned | Unpaid o | compensation for services pe | erformed from | to |
| 2 DATE DEBT WAS INCURRED 5 (10) 0 5 | la IF C | OURT JUDGMENT, DATE O | ORTAINED | (date) (date) |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that | | | | e time case filed |
| See reverse side for important explanations | | SECURED CLAIM | | |
| UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) y | arrada m | Check this box if y | our claim is secu | red by collateral (including |
| exceeds the value of the property securing it or if c) none or only part of you | | a right of setoff) | | |
| entitled to priority UNSECURED PRIORITY CLAIM | | Brief description of | | |
| Check this box if you have an unsecured claim all or part of which is | | Real Estate | Motor Vehicle | Other |
| entitled to priority | | Value of Collateral | \$ | |
| Amount entitled to priority \$ | | Amount of arrearage a secured claim if any | | at time case filed included in |
| Specify the priority of the claim Demostra purpose children under 11 H.S.C. & 507(a)(1)(A) or (a)(1)(B) | _ | | | |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days | <u>L</u> | Up to \$2 225* of deposits towa services for personal family of | | |
| before filing of the bankruptcy petition or cessation of the debtor's | | Taxes or penaltres owed to go | vernmental units 1 | 1 U S C § 507(a)(8) |
| business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5) | | Other Specify applicable para | · . | |
| Contributions to an employee benefit plan 11 0 3 C § 507(a)(5) | | * Amounts are subject to adjust with respect to cases commen | | |
| 5 TOTAL AMOUNT OF CLAIM \$ | 127, | 379,41 \$ 251 | 903 59 | \$ 152,328,00 |
| AT TIME CASE FILED (unsecured) | (5 | secured) | (pnonty) | (Total) |
| Check this box if claim includes interest or other charges in addition to the | ne principal | amount of the claim Attach ite | emized statement of | of all interest or additional charges |
| 6 CREDITS The amount of all payments on this claim has been cree | dited and | deducted for the purpose of I | making this proof | f of claim |
| 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts court judgments, mortgages, security DOCUMENTS If the documents are not available explain. If the | agreemen | ts and evidence of perfectio | n of Iren DO No | |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | | | | d envelope and copy of this |
| The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm | | | | THIS SPACE FOR COURT USE ONLY |
| for each person or entity (including individuals, partnerships, | | | | OGL ONL! |
| governmental units) BY MALL TO | | OR OVERNIGHT DELIVERY TO | , | 1 4 2008 |
| BMC Group Attn USACM Claims Docketing Center | BMC Gro | up ACM Claims Docketing Cente | FILED | NOV 1 4 2006 |
| P O Box 911 | 1330 Eas | t Franklin Avenue | | |
| El Segundo CA 90245-0911 DATE SIGN and print the name and title if any of the | | do CA 90245 other person authorized to file | | |
| this claim (attach copy of power of attorn | ey, if any) | A | | USA CMC |
| 11 10 06 Rubard of Long | Kicher | rd Z Evons | | 1072501439 |

FORM B10 (Official Form 10) (10/05)

| UNITED STATES BANKRUPICY COURT | UNITED STATES BANKRUPICY COURT DISTRICT OF Nevada | | | | | |
|---|---|---|---|--|--|--|
| Name of Dubtor USA Commercial Mortgage Co | PROOF OF CLAIM | | | | | |
| U)/ (OMMERCIAL MURITIAL) | K | | | | | |
| NOTE This form should not be used to make a claim for an administrative expense ma | ent | | | | | |
| Name of Creditor (The person or other entity to whom the | 1 1 1 | x if you are aware that anyor iled a proof of claim relating | | | | |
| Juhn P Everett | your clair | n Attach copy of statement | | | | |
| | giving par Check box | x if you have never received | any | | | |
| Name and address where notices should be sent Heart [Ini'() Northwist | Case | om the bankruptcy court in t | his | | | |
| 6002 N. May fair st 2nd Floor Spokane, WA 99208 Telephone number 509 - 489-7504 | Check box | x if the address differs from to the envelope sent to you by | , [| | | |
| Telephone number 509 - 489 - 750 4 | the court | | THIS STACE IS FOR COURT USE ONLY | | | |
| Last four digits of account or other number by which creditor identifies debtor 7337 | Check her if this clai | | y filed claim dated | | | |
| 1 Basis for Claim | | Retiree benefits as defined | | | | |
| Goods sold Services performed | Ш | Wages salaries and comp Last four digits of your St | | | | |
| Money loaned Personal injury/wrongful death | | Unpaid compensation for | • | | | |
| 1 — · · · | | from(date) | to (date) | | | |
| Taxes Other See Finhit A | | | ` | | | |
| 2 Date debt was incurred Junyary 1066. | 3 If c | ourt judgment, date obta | ined | | | |
| 4 Classification of Claim Check the appropriate box or boxes th | at best describe | your claim and state the am | ount of the claim at the time case filed | | | |
| See reverse side for important explanations Unsecured Nonpriority Claim \$ 211, 569.00 | Sec | cured Claim | | | | |
| Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) is | r claim or | Check this box if your cla | um is secured by collateral (including | | | |
| b) your claim exceeds the value of the property securing it or if c) if only part of your claim is entitled to priority | none or | | otomi | | | |
| Unsecured Priority Claim | | Brief Description of Coll Real Estate Mo | otor Vehicle Other | | | |
| Check this box if you have an unsecured claim all or part of w | hich is | Value of Collateral \$_ | Vyknown | | | |
| Amount entitled to priority \$ | Am sec | nount of arrearage and other sured claim if any \$ 1 | charges at time case filed included in 5 6 9 . 0 0 | | | |
| Specify the priority of the claim | ـ | | purchase lease or rental of property | | | |
| Domestic support obligations under 11 USC \$ 507(a)(1)(A) of (i)(1)(B) | or ser | rvices for personal family of 7(a)(7) | or household use 11 USC | | | |
| Wages salaries or commissions (up to \$10 000) * earned within | Taxes | s or penalties owed to govern | nmental units 11 USC § 507(a)(8) | | | |
| days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 USC \$ 507(a)(4) | ors 🔲 Other | | raph of 11 USC § 507(a)() | | | |
| Contributions to an employee benefit plan 11 USC § 507(a) | | | n 4/1/07 and every 3 years thereafter on or after the date of adjustment 5.6.9:0 0 | | | |
| 5 Total Amount of Claim at Time Case Filed | | 569.60 27 56 | 211,569.00 | | | |
| Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | | | | | |
| 6 Credits The amount of all payments on this claim has been making this proof of claim | credited and dec | ducted for the purpose of | This Slace is for Court Use Only | | | |
| 7 Supporting Documents Attach copies of supporting docume | ents such as pro- | missory notes purchase | | | | |
| orders invoices itemized statements of running accounts contra | cts court judgm | ents mortgages security | | | | |
| agreements and evidence of perfection of lien DO NOT SENI documents are not available explain. If the documents are voluments are voluments are voluments. | | | | | | |
| 8 Date Stamped Copy To receive an acknowledgment of the file | | | | | | |
| addressed envelope and copy of this proof of claim | FILED JAN 1 2 200 | | | | | |
| tile this claude (attach-copy of power of attorn | I ILLU OTTO | | | | | |
| 111/2007 | 0204 | 11 | HEA CMC | | | |
| 1 your 14 | recel | / [| USA CMC | | | |

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U S

1072502184